CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

	CODE 2. PERSON REPRESENTED VARATHARASA, THIRUNAVUKAR			VOUCHER NUMBER RASU				
3. MAG. DKT/DEF. NUMBER 1:06-000022-001		DIST. DKT/DEF. NUMBER 1:06-000043-001 5. APPEALS DKT/		OKT./DEF. N	UMBER	6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name)	8. PAYMENT CAT	EGORY	9. TYPE PERSON REPRESENT		SENTED	10. REPRESENTATION TYPE (See Instructions)		
U.S. v. VARATHARASA Other			Adult Defendant Extradition Cases					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.								
12. ATTORNEY'S NAME (First Name, M.I., Last Name, Including any suffix) AND MAILING ADDRESS MANTANONA, RAWLEN M. BANKPACIFIC BUILDING 2ND FLOOR 825 SOUTH MARINE CORPS DRIVE TAMUNING GU 96913 Telephone Number: (671) 646-2001 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) R.M.T.MANTANONA LAW OFFICE BANKPACIFIC BUILDING 2ND FLOOR 825 SOUTH MARINE DRIVE TAMUNING GU 96913		13. COURT ORDER X O Appointing Counsel F Subs For Federal Defender P Subs For Federal Defender P Subs For Panel Attorney Y Standby Counsel Prior Attorney's Name: Appointment Date: X Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (i) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interest to figurate so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or Other (See Instructions) Leilani R. Toves Hernandez 10/24/2006 Signature of Presiding Judicial Officer or By Order of the Court 10/05/2006 Date of Order Repsyment or partial repsyment ordered from the person represented for this service at time of appointment. YES X NO						
CATEGORIES (Attach itemization of	serve the ste	cl	HINA A. I A.	TOTAL MOUNT LAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	
15. a. Arraignment and/or Plea	DISTRICT CO	HOTAFO	MAU					
b. Bail and Detention Hearings	DISTRICT CO	UKTUFG	SUAIVI					
c. Motion Hearings	OCT	- 4 2hns	- NVS				 	
d. Trial ULI 2 4 2000 W								
c e. Sentencing Hearings								
f. Revocation Hearings MARY L.M. MORAN								
g. Appeals Court CLERK OF COURT								
h. Other (Specify on additional sheets)								
(Rate per hour = \$ 92.00) TOTALS:								
16. a. Interviews and Conferences								
O u b. Obtaining and reviewing records								
c. Legal research and brief writing								
d. Travel time								
0 e. Investigative and Other work (Specify on additional sheets)								
(Rate per hour = \$ 92.00) TOTALS:								
17. Travel Expenses (lodging, park	ing, meals, mileage, etc.)						
18. Other Expenses (other than ex	pert, transcripts, etc.)							
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO			E 20.	20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION XX				
22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Payment Have you previously applied to the court for compensation and/or remimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.								
Signature of Attorney:		····		Date:				
23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES			EXPENSES	26. OTHER EXPENSES		27. TOTA	27. TOTAL AMT. APPR / CERT	
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE			28a. JUDGE / MAG. JUDGE CODE	
29. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVEL EXPENSES			EXPENSES	32. OTHER EXPENSES		33. TOTA	33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.				DATE	DATE 3		34a. JUDGE CODE	